

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 177770		
1. Entity Name CENTRAL INDUSTRIAL INVESTMENT CORP		
Principal Place of Business 801 NORTH VENETIAN DR 904 MIAMI, FL 33139 US	Mailing Address 801 NORTH VENETIAN DR 904 MIAMI, FL 33139 US	
DO NOT WRITE IN THIS SPACE		



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-6059084 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DUBBIN, MURRAY H. 801 NORTH VENETIAN DR 904 MIAMI, FL 33139

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000427358
02/21/06-80003-017 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBBIN, MURRAY 801 NORTH VENETIAN DR #904 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO KOHLENBERG, SANDRA 37 MAJORCA AVE., #501 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASKOWITZ, BONNIE 12101 S.W. 93RD AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YABLONSKY, ROBIN 7500 S.W. 15TH STREET PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Murray H. Dublin **MURRAY H. DUBBIN 2-5-06 (805) 737 747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #